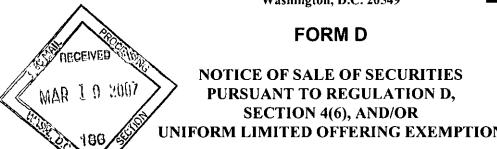
FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB AP	PROVAL
OMB Number	3235-0076



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

070) 478	74			<u>)</u> -
	DAT	 	CEIVE	 	
	DAT	LKE	CEIVE		

Name of Offering (Dicheck, if this i Limited Partnership Inter	s an amendment and i	name has changed	f, and indicate chang	e.)	
Filing Under (Check box(es) that apply)	: 🔲 Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4(6) ☑	ULOE
Type of Filing:	✓ Amendment				
	A. I	BASIC IDENTIFIC	CATION DATA		
1.Enter the information requested about the is:	suer				
Name of Issuer (check if this is	an amendment and name	e has changed, and i	ndicate change.)		
Sustainable Woodlands Fund II, L.P.					
Address of Executive Offices (Number and St	reet, City, State, Zip Coo	ie)		Telephone Number (Inch	iding Area Code)
4265 San Felipe, Suite 900, Houston, Te	exas 77027	·		713-993-4675	
Address of Principal Business Operations	(Number and Street, C	City, State, Zip Code	:)	Telephone Number in	fill Agea Code)
(if different from Executive Offices)				1	CESSED
Brief Description of Business:		· · · · · · · · · · · · · · · · · · ·		/ MA	R 2 1 990-
Investment fund				$P_{\mathbf{r}}$	2007
Type of Business Organization					UMSON
☐ corporation ☑ limited	partnership, already form	ned	other (please sp	ecify TIN	ANCIAI
☐ business trust ☐ limited	partnership, to be formed	d			(2
	N	Ionth Year			
Actual or Estimated Date of Incorporation or G	Organization: _	05 2006	✓ Actual	☐ Estimated	
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.				
	CN for Canada;	FN for other foreign	jurisdiction)	DE	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Requested: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. ☑ Executive Officer ☑ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Sherman, A. Haag Business or Residence Address (Number and Street, City, State, Zip Code) 4265 San Felipe, Suite 900, Houston, Texas 77027 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Linbeck, Andrew B. Business or Residence Address (Number and Street, City, State, Zip Code) 4265 San Felipe, Suite 900, Houston, Texas 77027 ☑ Executive Officer ☐ Beneficial Owner ☑ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Lyle, Bob Business or Residence Address (Number and Street, City, State, Zip Code) 654 North State Street, Jackson, Mississippi 39202 Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Sustainable Woodlands Partners, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 119 South President Street, 2nd Floor Jackson, Mississippi 39201 ☑ Director ☐ Beneficial Owner ☐ Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) McCree, Michael T. Business or Residence Address (Number and Street, City, State, Zip Code) 119 South President Street, 2nd Floor Jackson, Mississippi 39201 ☑ Director Check Box(es) that Apply: ☐ Beneficial Owner ☑ Executive Officer ☐ General and/or Promoter Managing Partner Full Name (Last name first, if individual) Molpus, Dick Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

☐ Beneficial Owner

(Number and Street, City, State, Zip Code)

654 North State Street, Jackson, Mississippi 39202

654 North State Street, Jackson, Mississippi 39202

Full Name (Last name first, if individual)

☐ Promoter

Check Box(es) that Apply:

Business or Residence Address

Winstead, Terrell

☑ Executive Officer

General and/or

Managing Partner

☑ Director

				B.	INFORMA	ATION ABO	OUT OFFER	ING				-
1. Has the	YES NO 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											
	Answer also in Appendix, Column 2, if filing under ULOE.											
2. What is	2. What is the minimum investment that will be accepted from any individual? \$2,000,000, subject to waiver by the General Partner											
												NO M
or sir is an broke	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
	Full Name (Last name first, if individual) Wells Fargo											
	Business or Residence Address (Number and Street, City, State, Zip Code) 200 B Street, Suite 302 Santa Rosa, CA 95401											
Name of Associated Broker or Dealer Rick Robinson												
States in \	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers											
(Check "All States" or check individual States											ites	
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA]✔ [KY] [NJ] [TX]	[CO] [LA] [NM] (UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name Wells Far		e first, if inc	dividual)									
			Number and ings, Nebras	Street, City ka 68901	, State, Zip	Code)						4 + 4
Name of A		Broker or D	caler									
				or Intends to States						***************************************	🗆 Ali Sta	ites
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL] (MI) (OH] (WV)	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] ✓ [PA] [PR]
Full Name Frost Ban	•	e first, if in	dividual)						-			
			Number and ntonio, Texa	Street, City s 78205	, State, Zip	Code)						
Name of Julia War		Broker or D	ealer									
				or Intends to States							□ All Sta	ites
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX] ✓	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES ANI	O USE OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ 300,000,000	\$14,500,000*
	Convertible Securities (including warrants)	\$	\$
		9	φ <u></u> _
	Limited Partnership Interests	\$_300,000,000	\$14,500,000*
	Other (Specify)	\$	\$
	Total	\$_300,000,000	\$14,500,000*
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	* Subject to the Gene	ral Partner's acceptance.
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	7	\$14,500,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	S	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of	Dollar Amount
		Security	Sold
	Rule 505	N/A	\$ <u></u>
	Regulation A	<u>N/A</u>	\$
	Rule 504	<u>N/A</u>	\$
	Total	<u>N/A</u>	\$
issu	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the ter. The information may be given as subject to future contingencies. If the amount of an enditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$None
	Printing and Engraving Costs	Ø	\$ None
	Legal Fees	Ø	\$300,000
	Accounting Fees	⊌	\$None
	Engineering Fees	Ø	\$ None
	Sales Commissions (specify finders' fees separately)	Ø	\$None
	Other Expenses (identify)	\square	\$None
	Total	ゼ	\$300,000

	Question 1 and total expenses fi	the aggregate offering price given in response to Part C- urnished in response to Part C - Question 4.a. This proceeds to the issuer."		\$ 299,700,000
5.	be used for each of the purposes furnish an estimate and check th	e adjusted gross proceeds to the issuer used or proposed to shown. If the amount for any purpose is not known, the box to the left of the estimate. The total of the payments ross proceeds to the issuer set forth in response to Part C -		
			Payments to	
			Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		☑ \$ <u>6,000,000*</u> *	<u>. </u>
	Purchase of real estate		☑ \$ None	✓ \$ None
	Purchase, rental or leasing and	installation of machinery and equipment	☑ \$ None	SNone
	Construction or leasing of plant	buildings and facilities	☑ \$ None	
	this offering that may be used in	ncluding the value of securities involved in a exchange for the assets or securities of another	☑ \$ <u>None</u>	☑ \$Nonc
	Repayment of indebtedness		☑ S None	
	Working capital		☑ \$ None	☑ \$ 293,700,000
	Other (specify)		☑ S None	☑ \$ <u>None</u>
	Column Totals		☑ \$ <u>6,000,000</u>	☑ \$ <u>293,700,000</u>
	Total Payments Listed (column	totals added)	☑ \$	299,700,000
inves dilige	ment management and other expe	rst year of operations it will pay total annual expenses in the enses, including forestry management fees paid by the Fund,, ns, periodic appraisal expenses and other organizational and D. FEDERAL SIGNATURE	counsel and accounta	ints fees and expenses, due
signa	ture constitutes an undertaking by	to be signed by the undersigned duly authorized person. If the the issuer to furnish to the U.S. Securities and Exchange County non-accredited investor pursuant to paragraph (b)(2) of R	mmission, upon writte	
Issue	r (Print or Type)	Signature	Date	March 8, 2007
Susta	inable Woodlands Fund II, L.P	and the		Water <u>0</u> , 2007
Name	e of Signer (Print or Type)	Title of Signer (Print or Type)		
A. H	ag Sherman	Managing Director, Sustainable Woodlands Partners, L.L partner of Sustainable Woodlands Fund II, L.P.	.C., general	

		E. STATE SIGNATURE								
1.	Is any party described in 17 CFR	sions of such rule? Yes No								
		See Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby u 239.500) at such times as require	ndertakes to furnish to any state administrator of any state in wed by state law.	which this notice is filed, a notice on Form D (17 CFR							
3	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerces.									
4.		ts that the issuer is familiar with the conditions that must be sain which this notice is filed and understands that the issuer claimons have been satisfied.								
	issuer has read this notification and orized person.	knows the contents to be true and has duly caused this notic	e to be signed on its behalf by the undersigned duly							
Issu	er (Print or Type)	Signature	Date March (2007							
Sus	tainable Woodlands Fund II, P	tal///	171arcii <u>4</u> , 2007							
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)								
A. I	Haag Sherman	Managing Director, Sustainable Woodlands Partners,	L.L.C							

general partner of Sustainable Woodlands Fund II, L.P.

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

, , , , , , , , , , , , , , , , , , , 			, <u></u>	APPE	NDIX				
1	Intend to non-acer investors (Part B-I	edited in State	Type of security and aggregate offering price offered in state (Part C - Item 1		Type o and amount po (Part C	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK		ļ							
AZ									
AR			Limited Partnership						
CA		*	Interest - \$300,000,000	1	\$250,000	0	\$0		No
СО									
СТ									
DE									
DC									
FL		<u> </u>							
GA		<u> </u>						ļ	
HI		ļ							
ID									
IL									
IN									
lA		<u> </u>							
KS									
KY		<u> </u>			•••				
LA		<u> </u>					<u>.</u>		
ME									
MD									
MA									
MI									
MN									
MS									
МО		1	Limited Partnership Interest - \$300,000,000	1	\$250,000	0	\$0		No

,				APPE	NDIX				
1	Intend to non-acer investors (Part B-I	sell to edited in State	3 Type of security and aggregate offering price offered in state (Part C - Item 1		Type of and amount pu	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT	res	INO		investors	Amount	investors	Amount	res	INO
NE NE		/	Limited Partnership	2	\$250,000	0	\$0		No
NV		-	Interest - \$300,000,000	_			•••		
NH	x								
NJ		✓	Limited Partnership	1	\$10,000,000	0	\$0		Na
			Interest - \$300,000,000	l	\$10,000,000		\$0		No
NM									
NY									
NC									
ND									
ОН									
OK									
OR									
PA		<u> </u>						!	
RI									
SC		<u> </u>			:		<u> </u>	<u> </u>	
SD									
TN		ļ ,	Limited Partnership	_		_			
TX		'	Interest - \$300,000,000	3	\$3,750,000	0	\$0		No
UT									
VT									
VA									
WA									-
wv		<u> </u>							
WI									
WY									
PR									

ATTACHMENT A

Full Nam Frost Bar	ne (Last nam nk	e first, if in	dividual)									
Business 100 West	Business or Residence Address (Number and Street, City, State, Zip Code) 100 West Houston Street, 4 th Floor San Antonio Texas 78205											
Name of Rob Pigo	Associated tt	Broker or D	ealer									
States in	Which Pers	on Listed H	as Solicited	or Intends to	Solicit Pur	chasers						
(Check "All States" or check individual States										🗖 All Sta	ates	
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX] ✓	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nan	ne (Last nam	ne first, if in	dividual)									
Business	Business or Residence Address (Number and Street, City, State, Zip Code)											
Name of	Associated	Broker or D	ealer									
				or Intends to States							🗖 All Sta	ntes
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME} [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nan	ne (Last nam	ne first, if in	dividual)									
Business	or Residence	ce Address (Number and	d Street, City	, State, Zip	Code)						
Name of	Associated	Broker or D	caler									
				or Intends to							🔲 All Sta	ntes
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

END